

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000011243 (1)**  
 1. Corporation Name  
**WE GRO-RITE, INC.**



Principal Place of Business <b>101 BIG BEND ROAD RUSKIN FL 33572</b>	Mailing Address <b>RT. 1 BOX 448A FAIRVIEW ROAD ANDREWS NC 28901 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/01/1993**

2. Principal Place of Business 21 <b>1482 Fairview Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1482 Fairview Road</b> Suite, Apt. #, etc.
22 City & State 23 <b>Andrews NC</b>	27 City & State 28 <b>Andrews NC</b>
24 Zip <b>28901</b> 25 Country <b>USA</b>	29 Zip <b>28901</b> 30 Country <b>USA</b>

4. FEI Number **65-0388224** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**WILLIFORD, LYNDA K  
 101 BIG BEND ROAD  
 RUSKIN FL 33572**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIFORD, ALLEN J.</b>	
STREET ADDRESS	<b>RT. 1 BOX 448A FAIRVIEW ROAD</b>	
CITY-ST-ZIP	<b>ANDREWS NC</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIFORD, LYNDA K.</b>	
STREET ADDRESS	<b>RT. 1 BOX 448A FAIRVIEW ROAD</b>	
CITY-ST-ZIP	<b>ANDREWS NC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>1482 Fairview Road</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>1482 Fairview Road</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)